

**DECLARATION
AND POWER OF ATTORNEY
U.S.A.**

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;
NON PRIORITY; OR PROVISIONAL APPLICATIONS

FOR ATTORNEYS' USE ONLY
ATTORNEYS' DOCKET NO. #4

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

Pharmaceutical composition intended in particular for the prevention and the treatment of radiomucositis and chemomucositis

which is described and claimed in: PCT International Application No. PCT/FR99/01760 filed 19/07/1999
 the attached specification filed _____

(if applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(e)(1) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

		(Number)	(Country)	(Day/Month/Year Filed)	Priority Claimed
98 09 230		FRANCE	MAR 12 2001	July 20, 1998	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. _____ Filing Date _____ Application No. _____ Filing Date _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) (Filing Date) (Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); D. DOUGLAS PRICE (24,514); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00138 or JACOBSON, PRICE, HOLMAN & STERN PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON, D.C. 20004	DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 638-6666 JACOBSON, PRICE, HOLMAN & STERN PROFESSIONAL LIMITED LIABILITY COMPANY
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*Inventor(s) name must include at least one unabbreviated first or middle name.

201 FULL NAME * OF INVENTOR BESSE	FAMILY NAME BESSE	GIVEN NAME Jérôme	MIDDLE NAME	
RESIDENCE & CITIZENSHIP CITY PESSAC	STATE OR FOREIGN COUNTRY FRANCE		COUNTRY OF CITIZENSHIP FRANCE	
POST OFFICE ADDRESS POST OFFICE ADDRESS Galenix Développement-Europarc, 14 rue Gustave Hertz	CITY PESSAC	CITY PESSAC	STATE OR COUNTRY FRANCE	ZIP CODE 33600
202 FULL NAME * OF INVENTOR NGUYEN	GIVEN NAME Tam		MIDDLE NAME	
RESIDENCE & CITIZENSHIP CITY MAISONS-ALFORT	STATE OR FOREIGN COUNTRY FRANCE		COUNTRY OF CITIZENSHIP FRANCE	
POST OFFICE ADDRESS POST OFFICE ADDRESS c/o LABORATOIRE L.LAFON-19 av. du Professeur Cadot	CITY MAISONS ALFORT	CITY MAISONS ALFORT	STATE OR COUNTRY FRANCE	ZIP CODE 94701
203 FULL NAME * OF INVENTOR LEYDER	GIVEN NAME Joëlle		MIDDLE NAME	
RESIDENCE & CITIZENSHIP CITY MAISONS-ALFORT	STATE OR FOREIGN COUNTRY FRANCE		COUNTRY OF CITIZENSHIP FRANCE	
POST OFFICE ADDRESS POST OFFICE ADDRESS c/o LABORATOIRE L.LAFON-19 av. du Professeur Cadot	CITY MAISONS-ALFORT	CITY MAISONS-ALFORT	STATE OR COUNTRY France	ZIP CODE 94701

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201* BESSE Jérôme	SIGNATURE OF INVENTOR 202* NGUYEN Tam	SIGNATURE OF INVENTOR 203* LEYDER Joëlle
DATE 31/01/01	DATE 31/01/01	DATE 31/01/01

Additional inventors are named on separately numbered sheets attached hereto.

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102/101

which is described and claimed in: PCT International Application No. PCT/FR99/01760 filed 19/07/1999
 the attached specification filed _____
 the specification in application Serial No. _____

(If applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.
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Prior Foreign Application(s)

<u>98 09 230</u> (Number)	<u>FRANCE</u> (Country)	<u>July 20, 1998</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<u> </u> (Number)	<u> </u> (Country)	<u> </u> (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u> </u> (Number)	<u> </u> (Country)	<u> </u> (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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SEND CORRESPONDENCE TO: <u>CUSTOMER NO. 00136</u> or JACOBSON, PRICE, HOLMAN & STERN PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON, D.C. 20004	DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.). (202) 638-6666 JACOBSON, PRICE, HOLMAN & STERN PROFESSIONAL LIMITED LIABILITY COMPANY
--	---

*Inventor(s) name must include at least one unabbreviated first or middle name.

FULL NAME * OF INVENTOR	FAMILY NAME <u>BESSE</u>	GIVEN NAME <u>Jérôme</u>	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY <u>PESSAC</u>	STATE OR FOREIGN COUNTRY <u>FRANCE</u>	COUNTRY OF CITIZENSHIP <u>FRANCE</u>	
POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Galenix Développement-Europarc, 14 rue Gustave Hertz</u>	CITY <u>PESSAC</u>	STATE OR COUNTRY <u>FRANCE</u>	ZIP CODE <u>33600</u>
FULL NAME * OF INVENTOR	FAMILY NAME <u>NGUYEN</u>	GIVEN NAME <u>Tam</u>	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY <u>MAISONS-ALFORT</u>	STATE OR FOREIGN COUNTRY <u>FRANCE</u>	COUNTRY OF CITIZENSHIP <u>FRANCE</u>	
POST OFFICE ADDRESS	POST OFFICE ADDRESS c/o LABORATOIRE <u>L.LAFON-19 av. du Professeur Cadot</u>	CITY <u>MAISONS ALFORT</u>	STATE OR COUNTRY <u>FRANCE</u>	ZIP CODE <u>94701</u>
FULL NAME * OF INVENTOR	FAMILY NAME <u>LEYDER</u>	GIVEN NAME <u>Joëlle</u>	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY <u>MAISONS-ALFORT</u>	STATE OR FOREIGN COUNTRY <u>FRANCE</u>	COUNTRY OF CITIZENSHIP <u>FRANCE</u>	
POST OFFICE ADDRESS	POST OFFICE ADDRESS c/o LABORATOIRE <u>L.LAFON-19 av. du Professeur Cadot</u>	CITY <u>MAISONS-ALFORT</u>	STATE OR COUNTRY <u>France</u>	ZIP CODE <u>94701</u>

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SIGNATURE OF INVENTOR 201* <u>BESSE Jérôme</u>	SIGNATURE OF INVENTOR 202* <u>NGUYEN Tam</u>	SIGNATURE OF INVENTOR 203* <u>LEYDER Joëlle</u>
DATE <u>18/12/00</u>	DATE <u>18/12/00</u>	DATE <u>18/12/00</u>

Additional inventors are named on separately numbered sheets attached hereto.

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